



Marcia Hune <Marcia.Hune@mcu.org> on 10/18/2010 03:41:06 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>
cc:

Subject: FEC Form 9 Filing

Please see the attached FEC Form 9 filing required for 24 notice of obligations for electioneering communication. This form is also being sent via fax.

Marcia E. Hune
Vice President
Government and Public Affairs
Michigan Credit Union League
101 S. Washington Square Suite 900
Lansing, MI 48933
1-800-262-6285 x 465
Cell: 517-281-2915



DOC001.PDF

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Michigan Credit Union League
(b) Address (number and street) ☐ check if different than previously reported
101 S. Washington Square, Ste. 900
(c) City, State and ZIP Code Lansing, MI 48933
(d) Name of Employer or Principal Place of Business
(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New
or
☐ Amended

4. Covering Period

10 / 18 / 2010
through
11 / 02 / 2010

5. (a) Date of Public Distribution(s) 10 / 18 / 2010 (b) Communication Title Small Businesses and Credit Unions- Peters ad

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

8. Custodian of Records

(a) Name Marcia Hune
(b) Address (number and street)
101 S. Washington Square, Ste. 900
(c) City, State and ZIP Code
Lansing, MI 48933
(d) Name of Employer or Principal Place of Business
Michigan Credit Union League
(e) Occupation
VP Government & Public Affairs

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

103,870.31

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Marcia Hune

SIGNATURE

Marcia Hune

DATE

10/18/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Marcia Hune		
	(b) Address (number and street)	101 S. Washington Sq., Ste. 900		
	(c) City, State and ZIP Code	Lansing, MI 48933		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Michigan Credit Union League	VP Government & Public Affairs		
B.	(a) Name	Dave Adams		
	(b) Address (number and street)	101 S. Washington Sq., Ste 900		
	(c) City, State and ZIP Code	Lansing, MI 48933		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Michigan Credit Union League	CEO		
C.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee McCann Erickson				Date of Disbursement or Obligation 10 18 2010	
Mailing Address of Payee 3600 W. Maple Road				Amount 103,870.31	
City Birmingham		State MI		Zip Code 48009	
Name of Employer		Occupation		Communication Date 10 18 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Radio ad-Small Businesses and Credit Unions (Peters)					
Name of Federal Candidate Gary Peters		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee					
City		State		Zip Code	
Name of Employer		Occupation		Date of Disbursement or Obligation	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				103,870.31	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				103,870.31	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/18/2010</i>
<i>JH</i> PREPARER	<i>10/18/2010</i> DATE PREPARED